HYSI- Exact	PLACE OF DEATH County Month	STATE OF MARYLAND CERTIFICATE OF DEATH
CORD ed EXACTLY, erly classified	Village or City Chuly (No. Months) 2FULL NAME Rice Blance	Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in stead of number.)
oper serti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WRITE PLACY, TH UNFADING INK-THIS IS A PERMAN T CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certific	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Yesr) 7 AGE If LESS than I day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 193 to 193 to 193 and that daath occurred on tha data stated above, at 193 and that daath occurred on tha data stated above, at 193 and that daath occurred on the data stated above, at 193 and that daath occurred on the data stated above, at 193 and that daath occurred on the data stated above, at 193 and that daath occurred on the data stated above, at 193 and that daath occurred on the data stated above, at 193 and 193
	OF MOTHER JOURS JOURS 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed May 80 1928) C. Sarmsley Registrar	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence gelts related DATE OF BURIAL Bellsvelle MAN 3 (198) 20 UNDERTAKER APDRESS Faurelle Faurelle
J a	Filed May 00 1920 Co March Registrar	The C. While faurel - r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation whatever units him business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEA gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the fire EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need not be valvular heart Nomenclature Measles ;

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RESERVED

MARGIN

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the first line will be sufficient, e.g., Farmer or Planter Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Houseinaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

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A	n .	, m 67
Si.	PLACE OF DEATH	STATE OF MARYLAND
T X	County Montgomery	CERTIFICATE OF DEATH
G .	The state of the s	Registration Dist. No. 2
O TE	Village or City Jakous Pk. (No Md. U	
XAC	2FULL NAME Mrs. Charles	a hespital (r institu-
P. O. C.		number.)
TOD	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IANE bog	Female white or divorced	e of DATE OF DEATH May 2, 1931
ERN man	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
PE PE	march a 187	3 aprilo 22 1931 10 may 2 ,1031,
CE A	(Month) (Day) (Year)	that I last saw her alive on May 2, 1931,
S IS	7 AGE [If LESS tha	
HIS II S	58 yrs. 2 mos. 0 ds. or min	s. The CAUSE OF DEATH * was as follows:
VE T Lipp	0 18 OCCUPATION	agreinoma of the Stonach
X X	(a) I rade, profession or particular kind of work	Darden At Krul
Full plant	(b) General nature of industry business, or establishment in	July July
N Ser	which employed or (employer)	(Duration) yrs. mas., de.
FADI be c	9 BIRTHPLACE (State or country) Washington D.C.	Contributory Secondary (Duration) vis mos de
NO DE	10 NAME OF FATHER OLANDER & The	(Signed) ND
E H O	DI SIRTHRIACE	May 1931 (Address) Takema Parke Do
VIT	OF FATHER Z (State or country)	*Soute the Discase Causing Death, or in deaths from
Y CALL	W 12 MAIDEN NAME	Violed t Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
Y cop	of Mother Laura Welson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
In. sta	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. /o ds. State yrs mos /o ds.
PI PI	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
tem sho	(Informant) Sanitarium Record	Former or 1746 N. St. N.W. D. C.
WE	(Address) Takone Park Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 3
M OF	15	20 UNDERTAKER ADDRESS
8 . ,	Filed May 2 1921 Fording Rogistras	1. H. Hines 60 2981-14th M.
Z	If more beinks are needed, andross State Registra	ar. 16 W. Saratoga St., Balto., Requesting V. S. Ne. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer. Never return 'Laborer," "Foreman," "Manager," "Deal-Forcman, (b) For many occupations a single word or term on (b) Colton mill; (a) Salesman. Compositor, Architect, Locomotive engineer For persons who have no occupation Stationary freman, etc. But in many Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrodyinal fever (the only definite synonym is "Epidemic cerebrosyinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Exhaustion," "Heart "Old Age," "Old Age," "Warasmus," "Old Age," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., o telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid g cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory by Committee on Nomenclature " Shock,"

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Statement of Cause of Death—Name, first, the DISLIE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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		05992
	PLACE OF DEATH	STATE OF MARYLAND
1	County Worldgomery	CERTIFICATE OF DEATH
1		94a Registration Dist. No. 21/8
ate.	Village or City/ a short (NobV-	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
Ilfic	2FULL NAME/// DD // shria	number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX 4 COLOR OR RACE SONGLE, MARRIED, Married Wildowed OR DIVORCED (Write, the word)	16 DATE OF DEATH 5- /2 , 198 /
on b	G DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(I)	(Month) (Day) (Year)	that I last saw h an alive on 5 _ /2 _ , 198 /
struction	7 AGE If LESS than day day	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
See in	BOCCUPATION (a) Trade, profession or particular kind of work Transker	Typenthing of the The
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds
Importa	9 BIRTHPLACE (State or country) Clark Country Va	Contributory Secondary Durajio Redoctores de
very	10 NAME OF Henery C Strokler	(Signed) M. D. M.
NOIL	OF FATHER (State or country) Clark County 1/2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of Mother Man & Ritt	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OCCUPA	13 BIRTHPLACE OF MOTHER (State or Country) Wherville Ja	At place of death yrs mos ds. State yrs ds Where was disease contracted,
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ent	(Informant) Mrs Co / Watkins	usus1 residence
statemen	(Address) Warhington Ground	Beryvalle Va 5/19, 1931
ယ	Filed 5-14 1981 Madellare Elelison	Loy W Barber Sathershurg
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 2109

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Groccy; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer,

Strrement of Cause of Death—Name, first, the Distract Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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S. No. 1

N. B.

HYSI-	Exact	
ACE should be stated EXACTLY, P	o that it may be properly classifled.	ctions on back of certificate.
Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
Every Item of Inform	CIANS should state	statement of OCCUP

PLACE OF DEATH County Months	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 216
Village or City Chevy Chase (No. 4628 Hunt A	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 24 , 1951
May 24 , 1 931 (Month) (Day) (Year) 7 AGE Still birth If LESS than day hrs. ds. or min.?	
(a) Trade, profession or particular kind of work NONE (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Thomas J. Betts 11 BIRTHPLACE OF FATHER	(Signed) (Que (Culler N. Williams, M.D. Hay 25 19231 (Address) Gen. Disp., USA., Wash. D
OF FATHER (State or country) Baltimore, Md. 12 MAIDEN NAME OF MOTHER Blizabeth Mandolph 13 BIRTHPLACE OF MOTHER (State or Country) Charlottsville, Va.	*State the Disesse Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(Informant) Thomas J. Betts (Address) 4628 Hunt Ave., Chevy Chase, 1	Where was disease contracted, if not at place of death? Former or usual residence

The Reserve

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death telands) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart Nomenclature The contributory

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salasman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Nanager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Servant, Cook, Housenwid. etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enlaborer, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Stationary fireman, etc. Locomotive engineer, But in many

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use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Exhaustion," "Heart tailure, maemorrange, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, approved Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of as fracture of skull, American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic and consequences (e.g., sepsis, Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

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PARENTS

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PLACE OF DEATH Montg County.

05995

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

llage or City Gaithersburg (No (No	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	
Male Col, Single Wide Male Col, OR PACE SINGLE MARRIED, WIDOWED. OR DIVORCED (Write the word)	Oweer of Death May 14th , 19231 (Month) (Day) (Year)
(Month) (Day)	I HEREBY CERTIFY, That I attended the deceased from 1878 (Year) that I last saw how alive on 1875. ESS than and that death occurred on the date stated above, at 1884.
	ay hrs. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work Laborer b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland	Contributory Steeler Secondary (Duration) yts O mos de
10 NAME OF FATHER John Chase 11 BIRTHPLACE OF FATHER (State or country) Md	(Signed)
12 MAIDEN NAME OF MOTHER MATICA 13 BIRTHPLACE OF MOTHER (State or Country) Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Mary Chase (Address) 616 Harvard St. N. W.	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Brook grove Mid, May/6, 193/
Filed Man 1/ 1981 Dearth of Many	DeDin 20 UNDERTAKER) O ADDRESS AL

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. tired 6 yes). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-." etc., report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Furm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee (Recommendations, on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia, "Inanition," "Heart failure," "IIaemornhage," "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Weakness, or intercurrent) affection Chronic valvular heart disease; ," ctc., when a definite disease on Nomenclature of the etc. The contributory need not be

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M).	PHYSI-	
	CORD	EXACTLY, rly classified ificate.	
MARGIN RESERVED FOR BINDING	INKTHIS IS A PERMANYT I	ully supplied. ACE should be stated plain terms so that it may be proper nt. See Instructions on back of cert	
V.S. No. 1 MARGIN R	WRITE PLA LY, WITH UNFADING INKTHIS IS A PERMANY'T CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.	

V. S. No. 1

PLACE OF DEATH County Mant	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 217
Village or City Alney (No. Most Car 2FULL NAME WM 40. L. Cusse	Seri Story St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. MAR. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 22, 1924 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mily (0 1921, to May 1921, that I last saw h Malive on March 12, 1921,
7 AGE If LESS than I day hrs. 5 mos, 16 ds. or min.?	and that death occurred on the date stated above, at 2, 5 g.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Soccupation Chysician Chysician	Chr myscarditis (Duration) 3 yrs. mos. ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Durstion) yrs mos 9 ds.
10 NAME OF Bery - G. Cussel 11 BIRTHPLACE OF FATHER (State or country) M	(Signed) Add Manuel Means (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER MARY A. Childs 13 BIRTHPLACE OF MOTHER (State or Country) MA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. de. Where was disease contracted.
(Informate) Joseph Records (Address) July My	Former or usual residence Achieved Programmes of Burial OR REMOVAL DATE OF BURIAL May 1.6, 1931.
Filed Mas 2 1918 C. S. Barnsley Registrar hus rough more branks are needed, address State Registra	20 UNDERTAKER Saston Sour Slicets Cityms 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation er," etc., wilnum.
loborer, Form laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer Treto report specifically the occupations of persons-enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Doy -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury "Uraemia, ""Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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JU U I 4

Exact	PLACE OF DEATH County Month	5997 STATE OF MARYLAND CERTIFICATE OF DEATH
a	County	Registration Dist. No. 217
CORD EXACTLY, rely classifie	Village or City M Norwood (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
stated Eproperly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WRITE PLACY, TH UNFADING INK-THIS IS A PERMANETER OF Should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH In plain terms so that it may be propertatement of OCCUPATION is very important. See instructions on back of ce	3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH TULE 1001, 1845 (Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) MARRIED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH Iday hrs. Or min.?	(Month) (Day) (Year) (Month) (Day) (Year) (Year) (Hereby Certify, That I attended the deceased from that I last saw h Malive on May 1934 and that death occurred on the date stated above, at ##
8. (T)	Registrar If more branks are needed, address State Registrar	16 W Services St. Balton Requesting V. S. No. 1. Lord All

(Approved by U. S. Census and American Public Health Association.)

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laborer, Laborerlaborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many -Coal mine, etc. Wom-6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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	05998
PLACE OF DEATH	STATE OF MARYLAND
County Manx	(31) CERTIFICATE OF DEATH
20 20 10	Registration Dist. No. 2/3
Village or City Ouly (No. Mont Co) 2FULL NAME Niefer Diag.	St.: Ward) (If daath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. (Write the word)	16 DATE OF DEATH May
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 attanded the deceased from
may / 4, 1902 (Month) (Day) (Year)	that I last saw h Malive on May 17 1923/,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
1 9 yrsmos. 6 - ds. ormin.}	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or	Chrone rephritis with Hypertin
particular kind of work	DUOL.
(b) General nature of industry business, or establishment in Sarage	(Dystion) unknown do.
which employed or (employer)	Contributory Venuplesia
9 BIRTHPLACE (State or country)	Secondary Q Los (Durstion)
10 NAME OF PARK TIL STIMES -	(Signed) Charles undlison M. D.
II BIRTHPLACE	May 17 1981. (Address) audy Spring suf
OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mamil Nelson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place mos ds. In the State mos ds. Whera was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Wash Records -	Former or usual residence Rociwille my
(Address) Olney ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOUSE ST. 19 34.
15 Filed 5/20 1921 mis W. J. Pract Registrar	about the state of
If mora bianks ara needed, address Stata Ragistra	r, 16 W. Saratege St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (relaborer, " etc., without more precise specification as Day For many occupations a single word or term on especially in industrial employments, it is neces-OF Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile" "Exhaustion," "Heart failure," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid approved by American Medical Association.) Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Chronic Carcinoma, Sarcoma, etc., of "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 211
Village or City Lear Kusstine (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rale white Single, MARRIED, Sury & OR DIVORCED (Write the word)	16 DATE OF DEATH May - 18 -, 1931
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw ham alive on
7 AGE	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry busineas, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Addreas) Filed May 19 1923) C. Bastusley Registrar	(Signed)
fur is it more blanks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting N. S. No. 1924

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (o) Salesmon, (b) Grocery, (a) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wombusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cock.
Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Doy Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic carebroto time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Broncho pneumonia ("Pneumonia,

hanently filed.

ered in detail, it will prevent further correspondence. is essential and must be obtained before the certificate is

BUREAU approved by Committee on Nomenclature American Medical Association.) If this certificate is looked over thoroughly and all qu stions TRecommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) etc. The contributory affection need not be Always qualify all

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7 AGE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)

PERSONAL AND STATISTICAL PARTICU

5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED Write the word) 6 DATE OF BIRTH

(Month) (Day)

(Year) IIILESS than day hrs. or min.?

B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

11 BIRTHPLACE S OF FATHER ENT (State or country) 12 MAIDEN NAME

(State or country

Œ PA OF MOTHER 13 BIRTHPLACE OF MOTHER

10 NAME OF

FATHER

KNOWLEDGE

(Address)

Filed

Registrat

MEDICAL CERTIFICATE OF DEATH

DATE	OF DEATH	may	5	, 193/
		(.)(.)(yhth)-		(Year)
7		CERTIFY, That		
ma	y H	193.1. to	may 5	192
at I Va		alive on at	if m	14. 1931
nd that	t death occure	d on the date st	/	1.0 0
hs CAL	ISE OF DEATH	i * was as follow	ye:	. ~
a	run	D Act	1100	JV
n	uly	of Any	suffi	clevey
			1/1/	1

(Duration) Contributory Secondary (Duration)

(Signed) 192 (Address) *State the Disrase Causing Death, or, in

Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of deathyrsmosds.	In the Stateyrs
Where was disease contracted,	

Former or

usual residence ...

OF BURIAL OR REMOVAL

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

ds.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: 'a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Furm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile Salesman, (b) Grocery; factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Jobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Heemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Meosles (disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, approved by Committee on Nomenclature of the carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic affection etc. valvular heart disease; The contributory need not be etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

C 15	PLACE OF DEATH	STATE OF MARYLAND
(M)	h. T	CERTIFICATE OF DEATH
I.	County / MML	(131)
× 9	7- 11	Registration Dist. No.
XACTLY, P	2	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME Programmi / TE	films
Stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S S S S S	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 22 /, 1923/
BINDIN PERMA E should at it may	6 DATE OF BIRTH 2 - 11 - , 1856	17 HEREBY CERTIFY, That I attended the decessed from 1923/, to 22/, 1923/,
AC ACE	(Month) (Day) (Year)	thet I last saw h Malive on 1 25/1,
FG IS	7 AGE If LESS than I day hrs.	and that death occurred on the data stated above, at
HIS HIS nest	75 yrs. 3 mos. 11 ds. or min.?	Brugn
a occupation or and a company of the	a OCCUPATION (a) Trade, profession or particular kind of work	Hyperty of groat to
INK INK INK Plain	(b) General nature of industry business, or establishment in	(Duration) vrs. 6 mos. de.
RES I VG I In pl	which employed or (employer)	111
N O DE	9 BIRTHPLACE (State or country) 200 0	Contributory Secondery
NFA NFA 1 be DEA y Im	Ma.	(Duration) yrs mos. ds,
4 5 5 6	10 NAME OF FATHER	(Signed) M. D.
H H I	M II BIRTHPLACE	(Address)
ion s AUSE	Z (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mati PAT	of MOTHER Trances / tempor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Infor	13 BIRTHPLACE OF MOTHER (State of Country)	At place of deathyrsmosds.
Pi of of of of of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
NTE tem	1. 11 th to	Former or usual residence Drukesla m
WRIT y iter	(Informant) Per 8h 14 14 14 15	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Buthesla h	Batherda, md 3/24, 1931
BEve	15 Filed May 24 1923 Warnsley Registrar	1 m Ren Ben Turnello Rocking
ž	If more bienks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S No. 1.
	" The North of	

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6

Statement of Cause of Death—Name, first the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretros vinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ". ('Inanition,' ' 'Marasmus,' ' 'Old Age,' ' 'Shock,' ' 'Uraemia,' ' 'Weakness,' etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; Measles;

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, How worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manage ""Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully en For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condinot be death

repermanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

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PLACE OF DEATH
County Month Co

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

ω	The state of the s	1401	inti atio
Village or City Colon of (No.		St.:	Was
2 FULL NAME James Pus	sell Hell		

(If death occurred in a hospital or institu-

2FULL NAME James Pussell	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 38 , 1993/ (Month) (Day) (Year)
6 DATE OF BIRTH Mar /8 1, 130 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May T. 1921, to May BO, 1923, that I last saw him alive on May T
7 AGE If LESS than I day hrs. 2 mos. 2 ds. or min.	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or horde	Convulsive seignres
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos de Contributory (MA) (Substitution)
10 NAME OF FATHER Milton State of FATHER (State or country)	(Signed) Co (Address) Cathly State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Afton Aul. (Address) Aug. 2009	Where was disease contracted, if not at place of death? Former or usual residence
15 Filed 5-31- 19281 CS Barnsleyt Registrar	20 UNDERTAKER JADDRESS Rockwille

If more bianks are needed, address Stete Registrar, 16 W. Saretoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeators without more precise specimeators. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on lefanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, ascident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

300	PLACE OF DEATH	STATE OF MARYLA
EX S	County Mankgomery	CERTIFICATE OF DE
, bed.		Registration Dist. No. 2
ECORD KACTL) riy olassifii filcate.	Village or City Jakama Park (No. Mashingken C	On m Yavinm 9 Hogy St.: Ward) a hospitul tion, give stead of number.)
T RE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEN ay be propagated back of	Yemale While Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day)
S IS A PER d ACE shoul so that it ma ructions on b	S DATE OF BIRTH YE Y VANU 24 , 1859 (Month) (Day) (Year) 7 AGE	that I last saw h la alive on May and that death occured on the date stated above, at
upplied terms so	yrs. 2 mos. 1 ds or min.?	The CAUSE OF DEATH * was as follows:
TY, WITH UNFADING INK- matical should be carefully seconds of DEATH in plain PATION is very important. So	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 1	Contributory Chr Deg Myrauchl Secondary Secondary Libralian (Duration) Signed) State the Discase Causing Death, or, in de Violent Caus s, state (1) Means of Injury and (Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Instituients or Recent Residenta)
WRITE PLAIN Every Item of Info- CIANS should stat statement of OCCU	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Differment) Washington Sanitavium Records (Address) along Park, Md.	At place of death yrs. 2 mos. 5 ds. In the State yrs. 2 Where was disease contracted, if not at place of death? Former or usual residence. 709 C. SY. S. W. NGSA. 2 19 PLACE OF BURIAL OR REMOVAL DATE OF STATE
Ti	Filed 192 Registras If more b.anks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
_	If Ittota Mestra are second and are	

OCHAL: MARYLAND OF DEATH

Dist. No. 223

(Ward)	a hospital	occurred is or instituts NAME in street and

16 DATE OF DEATH	(Day) (Year)
17 I HEREBY CERTIFY, Tha	at I attended the deceased from
that I last saw h L alive on	may 1 , 19 1.
and that death occured on the date	stated above, at O A.m.
The CAUSE OF DEATH * was as follows:	
Contributory Che Deg. Sepondary	Ingrearchity carry
Signed) J. I. me	
	3 Flower leve 1 chan la
*State the Discase Causing Violent Caus s, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in death's from of Injury and (2) whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of death yrs. 2 mos. 5 ds.	In the State yrs 2 mos 5 ds.
Where was disease contracted, if not at place of death?	
Former or gog C St S:	W. Mash. D.C.
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Washington &.	(8) 0/1 , 1931
20 UNDERTAKER	ADDRESS

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Mever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples : (a. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every cupation is very important, so that the relative health whatever, write None. household only (not paid Housekeepers who receive a (a) Foreman, cases, Civil engineer, Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocet..., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in inclust-ial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary foreman, etc. Arch 'cd. person, irrespective of Locomotive engineer; But in (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia (the only definite synonym is "Epidemic cere propneumoniz. Bronchopneumonia ("Pneumonia."

> as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaennia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mousles (disease inges, perilonaeum, etc., approved by Committee on (Recommendations on statement of cause of death carbolic acid-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases eausing (secondar/ Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Ass (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) interstitud nophritis, resulting from childbirth or miscarriage as or intercurrent) cough; -probably suicide. Chronic ociation.) Carcinomo, The nature of the injury, affection valrular heart disease Nomenclature of the The contributery Surcoma,, etc., o. need not be " "Shock,"

answered in detail, ft permanently filed. If this certificate is it be obtained before the certificate is over thoroughly and all questions urther correspondence.



(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Architect, Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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.V. S. No. 1

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tould state chase of ben'n in pi	t of OCCUPATION is very important.	1
Silouid Sigle CAUSE OF DEATH IN DIS	ment of OCCUPATION is very important.	
CIARS STOUR STORE CAUSE OF DEATH IN DISHIN SO WALL THINK DO PLODEIN CHASSING	statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH County Mentg Village or City Gaithershurg (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.: Ward) a (If death occurred is a hospital or institu	
2FULL NAME Clinton Kirkwood Hu	tion, give its NAME is stead of street an number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WI DOWNED. WI DOWNED. WI DOWNED. WI DOWNED. WITH COMMENTS (Write the word)	16 DATE OF DEATH	
1860 Aug 9th , 1860 (Month) (Day) (Year) 7 AGE 70 yra. 9 mos. 22 ds. or min.	. The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos. 2 d	
IO NAME OF FATHER Dr Benjiman E Mughes II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME OF MOTHER I3 BIRTHPLACE OF MOTHER OF MOTHER	(Signed) Sussition M. I *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. *BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.	
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Harris (Address) Gaithers burs Md Filed MM 2 1927, 1 Welch Mary Fillers Registrar	Where was disease contracted, if not at place of dea.h? Former or usual residence	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physicium, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation not gainfully einengineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lubbar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by "(Traemia," "Weakness," etc., whon a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid "Heart failure," "Haemorrhage, Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not

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If more branks are needed, addre a State Registrar, 16

W. Saratoga St., Balto., Bequesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more processes, without more laborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestired 6 yrs). business, that fact may be indicated thus; Farmer 's state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan Cook, Housenaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to each and every whatever write None. or given up on account of the DISMASE CAUSING DEATH. to report Foreman, (b) Automobile fuctory. The material first line will be sufficient, e. g., Farmer or Planter. or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomolive engineer, (b) Grocery;

spinal meningitis"); Dinhtheria avoid use of "Croup"); Typhoid fover never report "Typhoid ed term for the same disease. Examples: Cerebro pingul EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the 1913 time and causation), using always the same accept (the only definite synonym is "Epidemic celebropneumonia, Branchopneumonia Pneumonia"); ("Pneumonia,

> telanus) may be stated under the head of "contributory." "(Transition," "Heart failure, Haemontage, "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of houd-homicide; Paisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State eause Chronic interstitial nephritis, fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Caneer" is less definite; avoid for which surgical operation was 'Congenital,' "Senile,' etc.), "Tropsy, Chronic Example: Measles (disease etc. The contributory valendar heart disease Nomenclature Measles; under-" elc.

Edata is essential Expermanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al questions ered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

	TIGORS
PLACE OF DEATH	STATE OF MARYLAND
County/Houtgowery	CERTIFICATE OF DEATH
	Registration Dist. No. 223
Village or City Takonia Pk., Mode. Wash	Jace . X No fst : Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Mrs. Warrich	Machau stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White OR DIVORED (Write the word)	16 DATE OF DEATH Vakona Pask, 1981. (Month) 14 (Day) 181 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(4118. 8 1880	may 2/192 . to May 14, 193. 1,
(Month) (Day) (Year)	that I last saw had alive on Man 15, 193 4,
7 AGE [If LESS than	and that death occurred on the date stated bove, atm.
dayhrs.	The CAUSE OF DEATH * was as follows:
3 0 yrs. 9 mos. 2 ds. or min.?	
(a) Trade, profession or	The perfect of
particular kind of work	Cerebralo Hammak-je
(b) General nature of industry business, or establishment in	(Duration) yrs, mos ds.
which employed or (employer)	Contributory Anheiles alac
9 BIRTHPLACE (Ntate or country) Hyattsville Md	Secondary (Doration) yrs mos de,
10 NAME OF John B. Slewan	(Signed) When I All M. D. (Address) Jakemy Profession
OF FATHER (State or country) (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wary & Redgley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos. 12 ds. In the Stateyrsmos. 12 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1 . L. Cecarde	Former or 3206-19 W. M. M.C., D.C.
(Informant) Danitaries Ph ms	19 PLACE OF BURIAL OR REMOVAL
(Address) Jakoula R. Ma.	Washington 10.0. May 10, 1931
Filed May 14 1931 26. E. Lugers	20 UNDERTAKERY : 1- 17. Mes 60 2901-14 MM
If more blanks are needed, address ttare Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write Nonc. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, (b) Cotton mill; (a) Salesman, For persons who have no occupation (6) Automobile factory. The materia Laborer-Coal mine, etc. Womsingle word or term on Locomolice engineer, 6) The ques-Grocery, Day

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosping lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; 'Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should size CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU. ATION is very important. See instructions on back of certificate. ECORD BINDING PERMA WITH UNFADING INK-THIS IS A MARGIN RESERVED FOR WRITE PL

N. B.--

PLACE OF DEATH	96009 STATE OF MARYLAND
County Gordgoners	CERTIFICATE OF DEATH
Christiano	Registration Dist. No. 216
Village or City Wheels (No. 450	5 Slauford St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Landerson Dunglan	n Warten stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Use Hite Single, Married, Wilowed. Willeste de (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on 192/,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. O mos. 13 ds. or min.?	
B OCCUPATION (a) I rade, profession or particular kind of work	Cerebral emblish
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsmosds,
9 BIRTHPLACE (State or country) Pennsylvania	Contributory Secondary (Duration) yrs. A mod ds.
10 NAME OF Sanderson R. Markin	(Signed) G. Hautsfell M. D. Will 2 (192) (Address) Settled Mis
OF FATHER (State or country)	Vident Causes, state (1) Means of Injury and (2) Whether Academtal, Suicidal or Homicidal.
OF MOTHER Warah Tubinan	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
- 140 SB Water	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Clery Class, Wa	Hashington, D. (3/31, 13/1
15 Filed May 21 1921 Dent C. Hyry C	20 UNDERTAKER 17 TOTES PAR THE
Consistency C	TOO. Santusson Mir. Hash
If more blanks are needed, addre. s tate hegistra	r, 15 W. Saratoga St., Balto., Lequesting V. S. Lo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., Without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Parm laborer, Laborer—Loui mine, even the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective ci whatever, write None. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation not gainfully em-Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia");

st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainglanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart disease; Carcinoma, Sarcoma, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." garbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a (a) Foreman, ," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature ", etc.), "Dropsy, Always qualify all not be disease;

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	16012
PLACE OF DEATH	STATE OF MARYLAND
County Moulg very	CERTIFICATE OF DEATH
000	Registration Dist. No. 2/3
Village or City For	St: Ward) (If death occurred in the state of institution
Village or City (No	a hospital or institution, give its NAME ir stead of street an
2 FULL NAME Charles of our	and Moulding number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 7 1923/ (Month) (Day) (Year)
B DATE OF BIRTH	17 LHEREBY CERTIFY, That I attended the deceased from
14 1880	Mary 27,193], to 192
(Month) (Day) (Year)	that I last saw hein alive on May 27, 01/1/21923
7 AGE	and that death occurred on the date stated above, at
51 yrs. 4 mos. 13 ds. or min.?	acut do atation of heart
B OCCUPATION (a) Trade, profession or	
particular kind of work	***************************************
(b) General nature of industry business, or establishment in	(Duretion)yrsmosd
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos d
10 NAME OF	(Signed) A Hartley M. I.
FATHER Joseph Franklin Josephy	May 28 198 1 (Address) Podpoles
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER annie & Brang	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
my May C Mouldey	Former or usual residence
(Address) +D Pockville Md	19 FDACE OF BURIAL OR REMOVAL PATE OF BURIAL May 30,193
Filed 5- 29 1923/ Mrs. W.T. Brett Registrar	My Pentry Tunghey Rockvelle
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Mcd

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. American Medical Association.) approved by Committee on Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory affection valvular heart Nomenclature need not be disease;

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N. B.

PLACE OF DEATH	06013
	STATE OF MARYLAND
County M out yourny	CERTIFICATE OF DEATH
D#	Registration Dist. No. 216
Village or City Delles da (No.	Wev Road St: Ward (If death occurred in a hospital or institu- tion, give its NAME in
2FULL NAME John Januin (*)	extend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE MARRIED. Married	16 DATE OF DEATH May 6 (1)
OR DIVORCES (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
Old 10° 1853	april 29 192) to May 6 , 192) 1.
(Month) (Day) (Year)	that I last saw home alive on Mall for 197
7 AGE [If LESS than	and that death occurred on the date stated above, at
7 7 yrs. 6 mos 2 3 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	· (ff f f a show and a show the show t
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory
(State or country) ettiesda md.	Heart of action - ve of mos & de
10 NAME OF PALE	(Signed) / Chappel M.D.
11 BIRTHPLACE	20 / 4 1921 (Address) 44 48 4 6 14 16 16
OF FATHER	State the Disease Causing Death, or, In deaths from
(State or county mary and	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah & Summer.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) May Con	of deathyramosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) & G Perry	Former or usual readence
(Address) Wash, DC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/8-13/
15 Filed Nay 7 192/ Benj C Perry Registrar	1 20 24 Stris & wach. DC
If more blanks are needed, address State Registrar,	, IS W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Code ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement Foreman, For many occupations a single word or term on or Or Farm laborer, (b) Cotton mill; (a) At Home, and children, Compositor, Architect, For persons who have no occupation 6) Stationary fireman, etc. But in many Automobile factory. The Laborer-Coal mine, etc. Wom-Salesman, Locomotive engineer, not gainfully em-6) material Grocery;

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is American Medical Association.) approved by "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbplic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Committee on Chronic etc. valvular heart disease; Nomenclature The contributory etc., of

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. material Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must by ablained before the certificate is permanent, died.



PLACE OF DEATH County Configuration	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2//
Village or City M. Golder Trove 2 2FULL NAME Letter Martin	St.: Ward) (If death occurred in a hospit I or institution, give its NAME isstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 31, 1931
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to May 31, 1001, that I last saw h as alive on May 31, 1931,
7 AGE 66 yrs. 4 mos. 6 ds. or min	n and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Patricular kind of work	2
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Z yrs. mos. ds.
9 BIRTHPLACE (State or country) hid.	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF John Rufus Purden	(Signal) Learge M. Boyer M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Watkins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsds, State yrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Sarah Jurdenn (Address) P. D. Germantown ms	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Balt AB TO STATE STAT
15 Filed June 1 1981 Della N. Beal	20 UN DERTAKER Beall Inc Dimasus
If more bianks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Campositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed, to report specifically the occupations of persons enr," etc.. For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The valvular heart contributory " Shock, disease; not be

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County monty	CERTIFICATE OF DEATH
	Registration Dist. No. 2//
Village or City Royals (No	St.: Ward) (If death occurred in
2FULL NAME Roulah V.	Refflet tion, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 26 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTINA, That I attended the deceased from
Sept 5, 189	that I last saw h alive on , 192 , 192 , 192
/ (Month) (Day) (Yes	O
1 day	bro The CAUSE OF DEATH & was as follower
35 yrs. 4 mos. 21 ds. or m	in? Henochage due to gove
8 OCCUPATION (a) Trade, profession or	short would Those heles
particular kind of work Touse wife	(andetermed which acciden
(b) General nature of industry usiness, or establishment in	p. Amicadalyation you mos do
which employed or (employer)	Contributory suice instantly.
9 BIRTHPLACE (State or country)	Secondary (Duration) yro mos de
1 10 NAME OF TO	218.01
FATHER Benj. F. Hawking	2 (Signed) I (Signed) M. D. M.
OF FATHER	
Z (State or country) Md,	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER alberta Wather	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos do
(State or country) MA	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
and mauraid Hankin	usual residence
(Address) Kensington me	Hunath town med 5/29, 193.
Filed May 28 1923/ 19 Envis	20 WIDERTAKER 20 WIDERTAKER Rockweller Rockweller
If more branks are needed, address State Regi	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	ma

(Approved hy U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emtion applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it otton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Farm laborer, Laborer-Coul mine, etc. Womhousehold only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from For persons who have no occupation cupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, Locomotive engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necesshould be used only when needed. As examples: (a) gaged in domestic service for wages, as Nervant, Cook, business, that fact may be indicated thus; Farmer (refulness of various purguits can be known. The ques-For many occupations a single word or term on Statement of Occupation -- Precise statement of oc-Physician, Compositor, Architect, Spinner, (b) Cotton mill; whatever. write Nonc. (a) Foreman, Civil engineer, yrs). Inborer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Düphtheria avoid use of "Croup"); Typhoid fever never report "Tyrkoid Pneumonia"); Lobar pneumonia, Brow neum, a ("Pneumonia");

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"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of death carbolic acid-probably smeide. The niture of the injury, inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); . Wcusles; State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by unqualified, is indefinite); Tuberculosis of lungs, menncphritis, etc. The contributory stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," Examples: Accidental drowning; Struck by railway train-"PUERPERAL scriticaemia," "PUERPERAL peritonitis, approved by Committee on Nomenclature secondar, or intercurrent) affection need Chronic valvular heart American Medical Association.) Whooping cough; Chronic interstitial

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH STATE OF MARYLAND Registration Dist No. (If death occurred in a hospit I or institution, give its NAME i stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year' 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) & O. L.Z. 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from 00 (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) State 13 BIRTHPLACE OF MOTHER yrs......mos. / 6ds. State yrs. mos./ 6 .ds. (State or country) 00 Where was disease contracted, Shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? 19 PLACE OF BURIAL OR REMOV 20 UN DERTAKER Filed 4144 27 193 . Saratogy St., Balto., Requesting V.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (xe state occupation at beginning of illness. If retired gaged in domestic service for wages, as Servaut, Cook Housemaid, etc. If the occupation has been change. definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only en at home, who are engaged in the duties of the er," etc., Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons (b) Automobile (not paid Housekeepers who receive a who have no occupation fuctory. The material single word or term on Grocery. frein

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebras piga Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the ins time and causation), using always the same accept pneumonia, Branchopneumonia ("Pneumonia,

> A (Recommendations on statement of cause of approved by Committee on Nomenclature causing ras-fracture of skull, and consequences (e.g., sepsis, teluhus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhege," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar j Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcona, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) for malignant neoplasms); Measles; Chronic etc. The contributory affection need valendar heart Always qualify all disease :

BURE ans manently filed. vered in detail, it will prevent further correspondence. this certificate is looked over thoroughly and al questions is essential and must be obtained before the certificate is Allthe

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PARENTS
inform state	-
m of hould	14
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St	15
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1PLACE	E OF DEATH		06018 STATE OF MARYLAND	
County Montg		**********	CERTIFICATE OF DEATH	
			92-2 Registration Dist. No. 218	
	y Germantown JLL NAME Wuldah	Jane Reme	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)	
PERSO	NAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX		SINGLE, MARRIED, WILOW WIDOWED. DR DIVORCED Write the word)	16 DATE OF DEATH May 30 (Month) (Day) (Year)	
6 DATE OF BI	RTH		17 / I HEREBY CERTIFY, That I attended the deceased from	
	Aug 28th	(Day), 1844 (Year)	that I last saw her alive on May 27 , 193/	
7 AGE	86 yrs. 9 mo	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:	
a occupation (a) Trade, p	rotession or	None	Choris Valorela hum desease	
business, or	nature of industry establishment in yed or (employer)		(Duration)	
9 BIRTHPLAC (State or c	Ε		Contributory Secondary (Duration) yrs mos day	
10 NAME FATHER	of James Prie		(Signed) De Brownson M. D. 5/30 (192) (Address) Kurtherby part	
OF FAT (State			*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
12 MAIDE OF MOT		ewis /	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients of Recent Residents)	
13 BIRTHI OF MOT (State of		•	At place of death yrs mos. de. In the State yrs mos. de.	
14 THE ABOVE	IS TRUE TO THE BEST O	F MY KNOWLEDGE	if not at place of dea.h? Former or usual residence	
	ot) Dr John R		19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL	
Filed W	ul 1 1923/67a	elul Dane Elilia Registras	Arlington National Miles, 19 3 20 UNDERTAKER COMPETATY LAILLIES LAILLES LA LAILLES	
-	If more banks are nee	eded, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housenwid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The materia As examples: (a) (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corcbrosping) to time and causation), using always the same accept-EA: 3 CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease ," "Coma," "Convulsions," affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

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(Approved by U. S. Census and American Public Health Association.)

Spinner, cupation is very important, so that the relative health-Statement of Occupation -Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, definite salary), may be entered as Housewife, Houselaborer, Farm laborer. Loborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a. Spinner, (b) Cotton mill; (a) Sulesmon, (b) Grocery. additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Fereman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., without more precise specification as Day Foreman, For many occupations a single word or term on or yrs). At Home, and children, Compositor, For persons who have no occupation (6) Stationary fireman, etc. But in many Automobile jactory. The muterial Architect, Locomoture engineer, not gainfully em-The ques-Grocery;

East causing death the primary affection with respect to time and causation, using always the same accepted term for the same dise.se. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dinhtherm avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia");

as fracture of skuil, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Uracmia," "Weakness," etc., when a definite disease carbolic acid-probably suncide. The niture of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Meusles use of "Tumor" for malignant neoplasms); Measles; American Medical Association. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, valvular heart Nomenclature The contributory discase (disease not be

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(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, state occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm luborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; mean, (b) Automobile factory. The material specifically the occupations of persons en-Compositor, For persons who have no occupation If the occupation has been changed Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the Disease Crussing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on delanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage Chronicetc. valvular heart disease; Nomenclature The contributory Always qualify all not be

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tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill: (a) Sulesman. (b) Grocery.
(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-," etc., report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haomorrhage," American Medical Association.) approved as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Mcasles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, "Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nophritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature for malignant neoplasms); Chronic and consequences (e.g., sepsis etc. The valvular heart affection need contributory Mousles; discase; not be etc., o

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	HYSI-	Exact	1	
	N. B Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.	
	e stated	e properl	of certif	
	should b	it may b	on back	
	d. ACE	so that	tructions	
	supplie	in terms	See inst	4
	be carefully	EATH in pla	important.	4 4
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)	tem of in	s pinous	ent of OC	
	Every it	CIANS	statem	
	N. B.			

PLACE OF DEATH County Invitation	STATE OF MARYLAND CERTIFICATE OF DEATH				
	(131) Registration Dist. No. 2//				
Village or City No. 12 AM ASSUL (No. 2FULL NAME Basil Thomas	St.: Ward) (If death occurred in a hospit I or institu- tion, give its NAME i stead of street and number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. MANUAL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 19, 1931 (Nonth) (Day) (Year)				
G DATE OF BIRTH August 24, 1859 (North) (Day) (Year)	that I last saw have alive on may 19 1981.				
7 AGE If LESS than day hrs. day hrs. ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work family					
(b) General nature of industry. business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER CAUNILLON G. Planfield 11 BIRTHPLACE	Contributory Thanic, Intership Marks Secondary (Duration) (Duration) (Duration) (Signed) (Signed) (Address) (Address) (Duration) (Duration) (Signed) (Address)				
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER The state of t	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.				
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) Language Parkell	Where was disease contracted, if not at place of dea.h? Former or usual residence				
(Address) P. D. Filed May 22 1921 Della W. Brall Della Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mr. Lebanon Genelry May 22, 1931 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS				
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.					

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farner (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationery froman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, etr., Poreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Womperson, irrespective of Locomotive engineer, As examples : (a But in many (6) Grecery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosyninal meningitis"); Diphtheria (avoid use of "Croup,"); Typhoid fever (never report "Typhoid Pneumonia"; tobar pneumonia, Bronchopneumonia ("Pneumonia;

> "(Exhaustion," "Heart Imme," "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," tclanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., scpsus carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by rollwoy train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condig cough; Chronic interstitial nephritis, Chronic valudar heart etc. Nomenclature The Sarcoma,, etc., of contributory disease; not be

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STATE OF MARYLAND CERTIFICATE OF DEATH

K and the second	Registration Dist. No. 2//
Village or City Nr. Damiseus (No. 2FULL NAME Mary, E. Weles	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 14, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 152 to 152 that I last saw here alive on the saw in 192
yrs. 6 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Signe
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(Address) Moncovea 15 Filed Onay (1931 Della W. Beall Day Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Trendship Cens, May 17, 1971 20 UNDERTAKER ADDRESS ADD

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a first line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of "Melanius) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n .ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory Always qualify all not be

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PLACE OF DEATH		STATE OF MARYLAND		
	County Mysula surfey	CERTIFICATE OF DEATH		
	D'h. 1.1	1. Sanctarum Paristration Dies No 2/4		
	Roberto Pilos Waven	Registration Dist. No.		
Vil	lage or City (No.	St.: Ward) (If death occurred in a hospital or institu-		
	dl · · · ·	tion, give Its NAME It -		
	2FULL NAME Atarrich de 1	rafter Woods number.)		
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 0	SEX 4 COLOR OR RACE 5 SINGLE.)// /	16 DATE OF DEATH		
3	emale Hulr MARRIED. Widow WIDOWCED (Write the word)	Month (Day) (Year)		
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
	A 60. 28 10/1	UG. 12 1930 to May 12, 1931,		
	(Month) (Day) (Year)	that I last saw her alive on May 1/20, 1931,		
7	NGE (If LESS than	and that death occurred on the date stated above, at		
	1 dayhrs.	The CAUSE OF DEATH * was as follows:		
	70 yrs. 4 mos. 2 ds. or min.?	Carcinomas of Liver		
8	OCCUPATION Diaburing officers of	and gall Blackdir		
1	a) Trade, profession or Library and Botanic Souds	Emacration. Heart Failure		
(b) General nature of industry	o o		
business, or establishment in U.S. Government		(Duration) yrs. mosde.		
-		Contributory Probably gall Source		
9 1	(State or country)	Secondary		
-	10 NAME OF	(Duration) 200 yrs. mosds.		
	FATHER PO da Kmill	(Signed) M. D.		
10	11 BIRTHPLACE	May 3 1923 (Address) // OFFINEY		
T	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
E	12 MAIDEN NAME	Accidental, Suicidal or Homicidal.		
PAR	OF MOTHER Co Seller Carson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
-	13 BIRTHPLACE	ients or Recent Residents)		
	OF MOTHER (State or Country)	At place of death yrs 5 mos des State yrs 5 mos des		
-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted aslungton .		
THE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE		Former or		
	(Informant) Miss Mauche IX IT odgkens	usual residence		
	(Address) Waverly Sanitarin - Rockville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
_	(Address) Warray Santabam - Workhar	arlington Mat. Jew 14, 1931		
15	Filed Meg 131-198/2. W. Louis	20 UN DERTAKER		
	Registrar	Wy, Truly Jumphin Wockvelle Mid		
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6- yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Or Form laborer. Laborer-Coul minc, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 6 Grocery; Te-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted teem for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
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